

990

Return of Organization Exempt From Income Tax

OMB No. 1545-

0047 2020

Open to Public Inspection

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundation): Do not enter social security numbers on this form as it may be made public.

Go to www.irs.gov/Form990 for instructions and the latest information.

Form 990 Department of the Treasury Internal Revenue Service

A For the 2020 calendar year, or tax year beginning 10-01-2020, and ending 09-30-2021

- B Check if applicable: Address change, Name change, Initial return, Final return/terminated, Amended return, Application pending

C Name of organization: National Democratic Institute for International Affairs % SANDER SCHULTZ. Doing business as. Address: 455 MASSACHUSETTS AVE NW 8TH FLOOR, WASHINGTON, DC 20001

D Employer identification number: 52-1338892. E Telephone number: (202) 728-5500. G Gross receipts \$ 141,271,220

F Name and address of principal officer: DEREK MITCHELL, 455 MASSACHUSETTS AVE NW 8TH FLOOR, WASHINGTON, DC 20001

H(a) Is this a group return for subordinates? No. H(b) Are all subordinates included? No. H(c) Group exemption number

I Tax-exempt status: 501(c)(3)

J Website: WWW.NDI.ORG

K Form of organization: Corporation

L Year of formation: 1983. M State of legal domicile: DC

Part I Summary

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 1. Mission statement, 2-7. Activities & Governance, 8-12. Revenue, 13-19. Expenses, 20-22. Net Assets or Fund Balances.

Part II Signature Block. Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Sign Here: Signature of officer DEREK MITCHELL PRESIDENT, Date 2022-08-15

Paid Preparer Use Only: Print/Type preparer's name, Preparer's signature, Date, Firm's name BDO USA LLP, Firm's address 8401 GREENSBORO DRIVE 800, MCLEAN, VA 22102

May the IRS discuss this return with the preparer shown above? (see instructions) Yes

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

1 Briefly describe the organization's mission:

THE NATIONAL DEMOCRATIC INSTITUTE FOR INTERNATIONAL AFFAIRS IS A NON-PROFIT, NON-PARTISAN ORGANIZATION WORKING TO SUPPORT AND STRENGTHEN DEMOCRATIC INSTITUTIONS WORLDWIDE THROUGH CITIZEN PARTICIPATION, OPENNESS AND ACCOUNTABILITY IN GOVERNMENT.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 123,670,088 including grants of \$ 27,059,204 ) (Revenue \$ 0 )

THE NATIONAL DEMOCRATIC INSTITUTE FOR INTERNATIONAL AFFAIRS IS A NON-PROFIT, NON-PARTISAN ORGANIZATION WORKING TO SUPPORT AND STRENGTHEN DEMOCRATIC INSTITUTIONS WORLDWIDE THROUGH CITIZEN PARTICIPATION, OPENNESS AND ACCOUNTABILITY IN GOVERNMENT.

4b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 123,670,088

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 1 through 21, with sub-questions 11a-e and 12a-b. Each row has a corresponding 'Yes' and 'No' column for the answer.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 22 through 38 regarding tax-exempt bond issues, excess benefit transactions, and related party transactions.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and gaming winnings.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with 16 main rows (2a-16) and sub-rows (a-f). Columns include question text, response boxes (e.g., 2a, 2b, 3a, 3b, 4a, 4b, 5a, 5b, 5c, 6a, 6b, 7a, 7b, 7c, 7d, 7e, 7f, 7g, 7h, 8, 9a, 9b, 10a, 10b, 11a, 11b, 12a, 12b, 13a, 13b, 13c, 14a, 14b, 15, 16), and Yes/No/Amount columns.

If "Yes," complete Form 4720, Schedule O.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI



Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 1b Enter the number of voting members... 2 Did any officer, director, trustee... 3 Did the organization delegate control... 4 Did the organization make any significant changes... 5 Did the organization become aware... 6 Did the organization have members... 7a Did the organization have members... 7b Are any governance decisions... 8 Did the organization contemporaneously document... 8a The governing body? 8b Each committee... 9 Is there any officer, director, trustee...

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters... 10b If "Yes," did the organization have written policies... 11a Has the organization provided a complete copy... 11b Describe in Schedule O the process... 12a Did the organization have a written conflict of interest policy... 12b Were officers, directors, or trustees... 12c Did the organization regularly and consistently monitor... 13 Did the organization have a written whistleblower policy... 14 Did the organization have a written document retention... 15 Did the process for determining compensation... 15a The organization's CEO... 15b Other officers or key employees... 16a Did the organization invest in, contribute assets to... 16b If "Yes," did the organization follow a written policy...

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include: 17 List the states with which a copy of this Form 990 is required to be filed. 18 Section 6104 requires an organization to make its Form 1023... 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents... 20 State the name, address, and telephone number of the person who possesses the organization's books and records.

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

Check if Schedule O contains a response or note to any line in this Part VII

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Derek Mitchell ..... President	40.0 ..... 0.0	X		X				308,362	0	36,958
(2) Shari Bryan ..... Vice President	40.0 ..... 0.0			X				251,729	0	35,845
(3) Sander Schultz ..... CFO	40.0 ..... 0.0			X				238,841	0	38,067
(4) James van der Klof ..... Director, Development	40.0 ..... 0.0					X		242,096	0	33,017
(5) Patrick Merloe ..... Sr Assoc & Dir Prog on Elec	40.0 ..... 0.0					X		222,475	0	27,685
(6) Robert Benjamin ..... Sr Assoc & Regional Director	40.0 ..... 0.0					X		216,672	0	28,163
(7) Christopher Fomunyoh ..... Sr Assoc & Regional Director	40.0 ..... 0.0				X			209,190	0	35,005
(8) Leslie Campbell ..... Sr Assoc & Regional Director	40.0 ..... 0.0				X			220,153	0	23,625
(9) Laura Jewett ..... Sr Assoc & Regional Director	40.0 ..... 0.0				X			207,224	0	35,005
(10) Jerry Hartz ..... Dir of Govt Relations & Comm	40.0 ..... 0.0					X		211,150	0	22,888
(11) Arianit Shehu ..... Sr Country Director	40.0 ..... 0.0					X		201,997	0	20,493
(12) Dickson Omondi ..... Resident Regional Director	40.0 ..... 0.0				X			188,131	0	24,198
(13) Manpreet Anand ..... Sr Assoc & Regional Director	40.0 ..... 0.0				X			187,319	0	9,722
(14) Madeleine K Albright ..... Chairman	2.0 ..... 0.0	X						0	0	0
(15) Harriet C Babbitt ..... Vice Chair	2.0 ..... 0.0	X						0	0	0
(16) Thomas A Daschle ..... Vice Chair	2.0 ..... 0.0	X						0	0	0
(17) Marc B Nathanson ..... Vice Chair	2.0 ..... 0.0	X						0	0	0

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) Tamara Cofman Wittes Secretary	2.0 0.0	X						0	0	0
(19) Robert G Liberatore Treasurer	2.0 0.0	X						0	0	0
(20) Bernard W Aronson Director	1.0 0.0	X						0	0	0
(21) J Brian Atwood Director	1.0 0.0	X						0	0	0
(22) Elizabeth F Bagley Director	1.0 0.0	X						0	0	0
(23) Rye Barcott Director	1.0 0.0	X						0	0	0
(24) Howard Berman Director	1.0 0.0	X						0	0	0
(25) Richard C Blum Director	1.0 0.0	X						0	0	0
(26) Paul Boskind Director	1.0 0.0	X						0	0	0
(27) Nisha Biswal Director	1.0 0.0	X						0	0	0
(28) Donna Brazile Director	1.0 0.0	X						0	0	0
(29) Joan Baggett Calambokidis Director	1.0 0.0	X						0	0	0
(30) Robin C Carnahan Director	1.0 0.0	X						0	0	0
(31) Johnnie Carson Director	1.0 0.0	X						0	0	0
(32) Howard Dean Director	1.0 0.0	X						0	0	0
(33) Sam Gejdenson Director	1.0 0.0	X						0	0	0
(34) Suzy George Director	1.0 0.0	X						0	0	0
(35) Caryn Halifax Director	1.0 0.0	X						0	0	0
(36) Karl F Inderfurth Director	1.0 0.0	X						0	0	0
(37) Lionel Johnson Director	1.0 0.0	X						0	0	0
(38) Eric Kessler Director	1.0 0.0	X						0	0	0
(39) Peter Kovler Director	1.0 0.0	X						0	0	0
(40) Barbara Mikulski Director	1.0 0.0	X						0	0	0
(41) Denis McDonough Director	1.0 0.0	X						0	0	0
(42) James C O'Brien Director	1.0 0.0	X						0	0	0
(43) Nancy H Rubin Director	1.0 0.0	X						0	0	0
(44) Sonal Shah Director	1.0 0.0	X						0	0	0
(45) Michael R Steed Director	1.0 0.0	X						0	0	0
(46) Maurice Tempelman Director	1.0 0.0	X						0	0	0
(47) Lynda L Thomas Director	1.0 0.0	X						0	0	0
(48) Toni G Verstandig Director	1.0 0.0	X						0	0	0
(49) Kathryn Walt Hall Director	1.0 0.0	X						0	0	0
(50) P MAUREEN WHITE Director	1.0 0.0	X						0	0	0
<b>1b Sub-Total</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>								2,905,339	0	370,671

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶ 133**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		No
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	Yes	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		No

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
RSC SA, EDIFICIO ALTS PH DE LA COLINA PANAMA CITY, 0 PM	Comm. Consulting	1,902,854
AJ Media Advisors LLC, 848 Brickell Avenue MIAMI, FL 33131	COMM. CONSULTING	980,304
Helios HR Consulting, 1900 Campus Commons Drive Suite 52 RESTON, VA 20191	HR CONSULTING	501,170
Datum Inteligencia, 5913 Etiwanda Ave Unit 5 LOS ANGELES, CA 91356	Electoral Consulting	444,000
GardaWorld, 1760 Old Meadow Road Suite 400 MCLEAN, VA 22102	Security Services	413,813

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **▶ 22**

**Part VIII Statement of Revenue**

Check if Schedule O contains a response or note to any line in this Part VIII

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
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<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . .	<b>1a</b>			
	<b>b</b> Membership dues . . .	<b>1b</b>			
	<b>c</b> Fundraising events . . .	<b>1c</b>	504,976		
	<b>d</b> Related organizations	<b>1d</b>			
	<b>e</b> Government grants (contributions)	<b>1e</b>	136,515,892		
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	4,041,179		
	<b>g</b> Noncash contributions included in lines 1a - 1f:\$	<b>1g</b>	191,437		
<b>h Total.</b> Add lines 1a-1f . . . . .			141,062,047		

<b>Program Service Revenue</b>		Business Code			
<b>2a</b>					
<b>b</b>					
<b>c</b>					
<b>d</b>					
<b>e</b>					
<b>f</b>	All other program service revenue.				
<b>g Total.</b> Add lines 2a-2f. . . . .			0		

<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)		4,482		4,482	
	<b>4</b> Income from investment of tax-exempt bond proceeds		0			
	<b>5</b> Royalties . . . . .		0			
	<b>6a</b> Gross rents	(i) Real				
		(ii) Personal				
		<b>6b</b> Less: rental expenses				
	<b>c</b> Rental income or (loss)		0	0		
	<b>d</b> Net rental income or (loss) . . . . .		0			
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	194,791			
		(ii) Other				
<b>b</b> Less: cost or other basis and sales expenses			191,437			
<b>c</b> Gain or (loss)		3,354				
<b>d</b> Net gain or (loss) . . . . .		3,354		3,354		
<b>8a</b> Gross income from fundraising events (not including \$ 504,796 of contributions reported on line 1c). See Part IV, line 18 . . . . .			9,900			
	<b>b</b> Less: direct expenses		67,664			
	<b>c</b> Net income or (loss) from fundraising events . . . . .		-57,764		-57,764	
<b>9a</b> Gross income from gaming activities. See Part IV, line 19 . . . . .			0			
	<b>b</b> Less: direct expenses		0			
	<b>c</b> Net income or (loss) from gaming activities . . . . .		0			
<b>10a</b> Gross sales of inventory, less						

returns and allowances . . . . .	<b>10a</b>	0			
<b>b</b> Less: cost of goods sold	<b>10b</b>	0			
<b>c</b> Net income or (loss) from sales of inventory . . . . .			0		
<b>Miscellaneous Revenue</b>	<b>Business Code</b>				
<b>11a</b>					
<b>b</b>					
<b>c</b>					
<b>d</b> All other revenue . . . . .					
<b>e Total.</b> Add lines 11a-11d . . . . .			0		
<b>12 Total revenue.</b> See instructions . . . . .			141,012,119		-49,928

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).  
 Check if Schedule O contains a response or note to any line in this Part IX

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	0			
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22	0			
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	27,059,204	27,059,204		
<b>4</b> Benefits paid to or for members	0			
<b>5</b> Compensation of current officers, directors, trustees, and key employees	2,414,969	1,434,583	980,386	
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
<b>7</b> Other salaries and wages	51,864,139	45,339,447	6,207,714	316,978
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	3,239,818	2,556,046	648,779	34,993
<b>9</b> Other employee benefits	9,648,990	7,936,127	1,635,190	77,673
<b>10</b> Payroll taxes	2,402,837	1,729,688	643,936	29,213
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management	0			
<b>b</b> Legal	419,208	266,691	141,131	11,386
<b>c</b> Accounting	264,761	101,631	163,130	
<b>d</b> Lobbying	0			
<b>e</b> Professional fundraising services. See Part IV, line 17	0			
<b>f</b> Investment management fees	0			
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	19,331,148	18,720,725	573,781	36,642
<b>12</b> Advertising and promotion	0			
<b>13</b> Office expenses	4,355,890	3,710,811	628,223	16,856
<b>14</b> Information technology	3,560,678	2,658,543	894,327	7,808
<b>15</b> Royalties	0			
<b>16</b> Occupancy	6,179,128	5,197,895	942,534	38,699
<b>17</b> Travel	4,616,470	4,626,275	-10,456	651
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
<b>19</b> Conferences, conventions, and meetings	1,597,650	1,592,912	4,505	233
<b>20</b> Interest	0			
<b>21</b> Payments to affiliates	0			
<b>22</b> Depreciation, depletion, and amortization	361,740	217,282	141,266	3,192
<b>23</b> Insurance	746,535	135,336	611,199	
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> OTHER EXPENSES	941,272	386,892	541,107	13,273
<b>b</b>				
<b>c</b>				
<b>d</b>				
<b>e</b> All other expenses				
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e	139,004,437	123,670,088	14,746,752	587,597
<b>26</b> <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

**Part X Balance Sheet**

Check if Schedule O contains a response or note to any line in this Part IX

		(A)		(B)
		Beginning of year		End of year
<b>Assets</b>	<b>1</b> Cash-non-interest-bearing . . . . .	5,000	<b>1</b>	5,000
	<b>2</b> Savings and temporary cash investments	16,539,216	<b>2</b>	24,327,824
	<b>3</b> Pledges and grants receivable, net . . . . .	4,304,673	<b>3</b>	4,582,440
	<b>4</b> Accounts receivable, net . . . . .	398,357	<b>4</b>	576,904
	<b>5</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	<b>5</b>	0
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0	<b>6</b>	0
	<b>7</b> Notes and loans receivable, net . . . . .	0	<b>7</b>	0
	<b>8</b> Inventories for sale or use . . . . .	0	<b>8</b>	0
	<b>9</b> Prepaid expenses and deferred charges . . . . .	2,029,127	<b>9</b>	2,377,519
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b> 7,041,650		
	<b>b</b> Less: accumulated depreciation	<b>10b</b> 3,099,750	749,254	<b>10c</b> 3,941,900
	<b>11</b> Investments—publicly traded securities . . . . .	1,446,047	<b>11</b>	2,461,263
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .	0	<b>12</b>	0
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .	0	<b>13</b>	0
	<b>14</b> Intangible assets . . . . .	0	<b>14</b>	0
	<b>15</b> Other assets. See Part IV, line 11	3,854,633	<b>15</b>	3,692,836
<b>16 Total assets:</b> Add lines 1 through 15 (must equal line 33) . . . . .	29,326,307	<b>16</b>	41,965,686	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	13,391,627	<b>17</b>	16,467,350
	<b>18</b> Grants payable . . . . .	1,752,712	<b>18</b>	1,679,418
	<b>19</b> Deferred revenue . . . . .	6,101,471	<b>19</b>	8,714,169
	<b>20</b> Tax-exempt bond liabilities . . . . .	0	<b>20</b>	0
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D	0	<b>21</b>	0
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	<b>22</b>	0
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	0	<b>23</b>	0
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .	0	<b>24</b>	0
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	3,392,444	<b>25</b>	8,163,247
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	24,638,254	<b>26</b>	35,024,184
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions . . . . .	4,451,879	<b>27</b>	6,169,201
	<b>28</b> Net assets with donor restrictions	236,174	<b>28</b>	772,301
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds . . . . .		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds		<b>31</b>	
	<b>32</b> Total net assets or fund balances	4,688,053	<b>32</b>	6,941,502
<b>33</b> Total liabilities and net assets/fund balances	29,326,307	<b>33</b>	41,965,686	

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response or note to any line in this Part XI

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	141,012,119
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	139,004,437
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	2,007,682
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	4,688,053
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	245,767
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (A))	<b>10</b>	6,941,502

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response or note to any line in this Part XII

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
<b>2b</b>	Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
<b>2c</b>	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	Yes	
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	Yes	
<b>3b</b>	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	Yes	

**Additional Data**

[Return to Form](#)

**Software ID:**

**Software Version:**

**Form 990, Special Condition Description:**

**Special Condition Description**

**SCHEDULE A**  
**(Form 990 or 990EZ)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**  
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
▶ Attach to Form 990 or Form 990-EZ.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2020**

**Open to Public Inspection**

**Name of the organization**  
National Democratic Institute for International Affairs

**Employer identification number**

52-1338892

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:
- 10  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations . . . . . \_\_\_\_\_
  - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**  
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization failed to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .	110,498,457	109,140,179	128,073,811	127,231,583	141,062,047	616,006,077
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						0
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge. . . . .						0
<b>4 Total.</b> Add lines 1 through 3	110,498,457	109,140,179	128,073,811	127,231,583	141,062,047	616,006,077
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). . . . .						0
<b>6 Public support.</b> Subtract line 5 from line 4.						616,006,077

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>7</b> Amounts from line 4. . . . .	110,498,457	109,140,179	128,073,811	127,231,583	141,062,047	616,006,077
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .	16,408	73,681	154,416	53,906	4,482	302,893
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on. . . . .						0
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . . . .	158,689	312,294	50,372	590	0	521,945
<b>11 Total support.</b> Add lines 7 through 10						616,830,915
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					<b>12</b>	

**13 First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2020 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	99.866 %
<b>15</b> Public support percentage for 2019 Schedule A, Part II, line 14 . . . . .	<b>15</b>	99.861 %

- 16a 33 1/3% support test—2020.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization.
- b 33 1/3% support test—2019.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization.
- 17a 10%-facts-and-circumstances test—2020.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.
- b 10%-facts-and-circumstances test—2019.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.
- 18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
<b>c</b> Add lines 7a and 7b. .						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>9</b> Amounts from line 6. . . . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
<b>c</b> Add lines 10a and 10b.						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .						
<b>14 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here.</b> . . . . . <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2020 (line 8, column (f) divided by line 13, column (f)) . . . . .	<b>15</b>	
<b>16</b> Public support percentage from 2019 Schedule A, Part III, line 15 . . . . .	<b>16</b>	

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2020</b> (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	
<b>18</b> Investment income percentage from <b>2019</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	

**19a 33 1/3% support tests—2020.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . .

**b 33 1/3% support tests—2019.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . .

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . . .

**Part IV Supporting Organizations**

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, of Part I, complete Sections A and B. If you checked box 12b, of Part I, complete Sections A and C. If you checked box 12c, of Part I, complete Sections A, D, and E. If you checked box 12d, of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

		Yes	No
<b>1</b>	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
<b>2</b>	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
<b>3a</b>	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.		
<b>b</b>	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.		
<b>c</b>	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.		
<b>4a</b>	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.		
<b>b</b>	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
<b>c</b>	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
<b>5a</b>	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).		
<b>b</b>	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c</b>	<b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b>	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .		
<b>7</b>	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .		
<b>8</b>	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
<b>9a</b>	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .		
<b>b</b>	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .		
<b>c</b>	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .		
<b>10a</b>	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.		
<b>b</b>	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).		

**Part IV Supporting Organizations** (continued)

- 11** Has the organization accepted a gift or contribution from any of the following persons?
- a** A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?
  - b** A family member of a person described in 11a above?
  - c** A 35% controlled entity of a person described in line 11a or 11b above? *If "Yes" to 11a, 11b, or 11c, provide detail in Part VI.*

	Yes	No
<b>11a</b>		
<b>11b</b>		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

- 1** Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.*
- 2** Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.*

	Yes	No
<b>1</b>		
<b>2</b>		

**Section C. Type II Supporting Organizations**

- 1** Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).*

	Yes	No
<b>1</b>		

**Section D. All Type III Supporting Organizations**

- 1** Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?
- 2** Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? *If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).*
- 3** By reason of the relationship described in line 2 above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.*

	Yes	No
<b>1</b>		
<b>2</b>		
<b>3</b>		

**Section E. Type III Functionally-Integrated Supporting Organizations**

- 1** Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (**see instructions**):
  - a**  The organization satisfied the Activities Test. Complete **line 2** below.
  - b**  The organization is the parent of each of its supported organizations. Complete **line 3** below.
  - c**  The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions)

**2** Activities Test. **Answer lines 2a and 2b below.**

- a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*
- b** Did the activities described in line 2a constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*

	Yes	No
<b>2a</b>		
<b>2b</b>		
<b>3a</b>		
<b>3b</b>		

**3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**

- a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If "Yes" or "No" provide details in Part VI.*
- b** Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in Part VI. the role played by the organization in this regard.*

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

- 1**  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in **Part VI**). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

**Section A - Adjusted Net Income**

(A) Prior Year

(B) Current Year  
(optional)

- |   |          |  |  |
|---|----------|--|--|
| <b>1</b> Net short-term capital gain  | <b>1</b> |  |  |
| <b>2</b> Recoveries of prior-year distributions   | <b>2</b> |  |  |
| <b>3</b> Other gross income (see instructions)  | <b>3</b> |  |  |
| <b>4</b> Add lines 1 through 3  | <b>4</b> |  |  |
| <b>5</b> Depreciation and depletion   | <b>5</b> |  |  |
| <b>6</b> Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | <b>6</b> |  |  |
| <b>7</b> Other expenses (see instructions)  | <b>7</b> |  |  |
| <b>8 Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)  | <b>8</b> |  |  |

**Section B - Minimum Asset Amount**

(A) Prior Year

(B) Current Year  
(optional)

- |  |           |  |  |
|--|-----------|--|--|
| <b>1</b> Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): | <b>1</b>  |  |  |
| <b>a</b> Average monthly value of securities   | <b>1a</b> |  |  |
| <b>b</b> Average monthly cash balances   | <b>1b</b> |  |  |
| <b>c</b> Fair market value of other non-exempt-use assets  | <b>1c</b> |  |  |
| <b>d Total</b> (add lines 1a, 1b, and 1c)  | <b>1d</b> |  |  |
| <b>e Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):  |           |  |  |
| <b>2</b> Acquisition indebtedness applicable to non-exempt use assets  | <b>2</b>  |  |  |
| <b>3</b> Subtract line 2 from line 1d  | <b>3</b>  |  |  |
| <b>4</b> Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).                                  | <b>4</b>  |  |  |
| <b>5</b> Net value of non-exempt-use assets (subtract line 4 from line 3)  | <b>5</b>  |  |  |
| <b>6</b> Multiply line 5 by 0.035  | <b>6</b>  |  |  |
| <b>7</b> Recoveries of prior-year distributions  | <b>7</b>  |  |  |
| <b>8 Minimum Asset Amount</b> (add line 7 to line 6)   | <b>8</b>  |  |  |

**Section C - Distributable Amount**

Current Year

- |  |          |  |
|--|----------|--|
| <b>1</b> Adjusted net income for prior year (from Section A, line 8, Column A)   | <b>1</b> |  |
| <b>2</b> Enter 85% of line 1   | <b>2</b> |  |
| <b>3</b> Minimum asset amount for prior year (from Section B, line 8, Column A)  | <b>3</b> |  |
| <b>4</b> Enter greater of line 2 or line 3   | <b>4</b> |  |
| <b>5</b> Income tax imposed in prior year  | <b>5</b> |  |
| <b>6 Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) | <b>6</b> |  |

- 7**  Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

(continued)

Section D - Distributions		Current Year
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>	
<b>4</b> Amounts paid to acquire exempt-use assets	<b>4</b>	
<b>5</b> Qualified set-aside amounts (prior IRS approval required - provide details in <b>Part VI</b> )	<b>5</b>	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions	<b>6</b>	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions	<b>8</b>	
<b>9</b> Distributable amount for 2020 from Section C, line 6	<b>9</b>	
<b>10</b> Line 8 amount divided by Line 9 amount	<b>10</b>	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
<b>1</b> Distributable amount for 2020 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2020 (reasonable cause required-- explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2020:			
<b>a</b> From 2015. . . . .			
<b>b</b> From 2016. . . . .			
<b>c</b> From 2017. . . . .			
<b>d</b> From 2018. . . . .			
<b>e</b> From 2019. . . . .			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2020 distributable amount			
<b>i</b> Carryover from 2015 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2020 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2020 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b> Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7 Excess distributions carryover to 2021.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2016. . . . .			
<b>b</b> Excess from 2017. . . . .			
<b>c</b> Excess from 2018. . . . .			
<b>d</b> Excess from 2019. . . . .			
<b>e</b> Excess from 2020. . . . .			

**Part VI Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

### Facts And Circumstances Test

Return Reference	Explanation

## **Additional Data**

**Return to Form**

**Software ID:**

**Software Version:**

**Schedule B**

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, 990-EZ, or 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2020**

Name of the organization National Democratic Institute for International Affairs	<b>Employer identification number</b> 52-1338892
--	---

**Organization type** (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

- 501(c)( ) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization

Form 990-PF

- 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33<sup>1</sup>/<sub>3</sub>% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year . . . . . ▶ \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization  
National Democratic Institute for  
International Affairs

**Employer identification number**  
52-1338892

**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
RESTRICTED		\$ RESTRICTED	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)

Name of organization  
 National Democratic Institute for  
 International Affairs

**Employer identification number**  
 52-1338892

**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____

Name of organization National Democratic Institute for International Affairs	Employer identification number 52-1338892
--	--

**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ► \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____	_____	_____
	_____	_____	_____
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____	_____	_____
	_____	_____	_____
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____	_____	_____
	_____	_____	_____
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____	_____	_____
	_____	_____	_____
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	

## **Additional Data**

**Return to Form**

**Software ID:**

**Software Version:**

Supplemental Financial Statements

2020

Open to Public Inspection

Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury Internal Revenue Service

Name of the organization National Democratic Institute for International Affairs

Employer identification number

52-1338892

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4: Total number at end of year, Aggregate value of contributions to (during year), Aggregate value of grants from (during year), Aggregate value at end of year.

- 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

- 1 Purpose(s) of conservation easements held by the organization (check all that apply).
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year
4 Number of states where property subject to conservation easement is located
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

- 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.
1b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a**  Public exhibition
  - b**  Scholarly research
  - c**  Preservation for future generations
  - d**  Loan or exchange programs
  - e**  Other .....
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . .  **Yes**  **No**

**Part IV Escrow and Custodial Arrangements.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? . . . . .  **Yes**  **No**
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- |  | Amount    |
|--|-----------|
| <b>c</b> Beginning balance . . . . .             | <b>1c</b> |
| <b>d</b> Additions during the year . . . . .     | <b>1d</b> |
| <b>e</b> Distributions during the year . . . . . | <b>1e</b> |
| <b>f</b> Ending balance . . . . .                | <b>1f</b> |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  **Yes**  **No**
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII . . . .

**Part V Endowment Funds.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance . . . . .					
<b>b</b> Contributions . . . . .					
<b>c</b> Net investment earnings, gains, and losses					
<b>d</b> Grants or scholarships . . . . .					
<b>e</b> Other expenditures for facilities and programs . . . . .					
<b>f</b> Administrative expenses . . . . .					
<b>g</b> End of year balance . . . . .					

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶ .....
  - b** Permanent endowment ▶ .....
  - c** Term endowment ▶ .....
- The percentages on lines 2a, 2b, and 2c should equal 100%.

**3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i)** Unrelated organizations . . . . .
- (ii)** Related organizations . . . . .

	Yes	No
<b>3a(i)</b>		
<b>3a(ii)</b>		
<b>3b</b>		

- b** If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? . . . . .
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land . . . . .				
<b>b</b> Buildings . . . . .				
<b>c</b> Leasehold improvements		5,699,736	2,088,041	3,611,695
<b>d</b> Equipment . . . . .		417,103	162,562	254,541
<b>e</b> Other . . . . .		924,811	849,147	75,664
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				3,941,900

**Part VII Investments—Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives . . . . .		
(2) Closely-held equity interests . . . . .		
(3) Other _____		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.)		

**Part VIII Investments—Program Related.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 13.)		

**Part IX Other Assets.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) ADVANCES TO SUBRECIPIENTS	3,320,814
(2) DEPOSITS	372,022
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 15.)	3,692,836

**Part X Other Liabilities.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	0
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 25.)	8,163,247

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .		<b>1</b>	141,345,700
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>	245,767	
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>	20,150	
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>	67,664	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	333,581	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	141,012,119	
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b> :			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>		
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) . . . . .	<b>5</b>	141,012,119	

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements . . . . .		<b>1</b>	139,092,251
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>	20,150	
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>		
<b>c</b>	Other losses . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>	67,664	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	87,814	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	139,004,437	
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line <b>1</b> :			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>		
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) . . . . .	<b>5</b>	139,004,437	

**Part XIII Supplemental Information**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference	Explanation
SCHEDULE D, PART X, LINE 2:	NDI IS GENERALLY EXEMPT FROM FEDERAL INCOME TAX UNDER THE PROVISIONS OF SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE ("IRC"). IN ADDITION, NDI QUALIFIES FOR THE CHARITABLE CONTRIBUTIONS DEDUCTION AND HAS BEEN CLASSIFIED AS AN ORGANIZATION THAT IS NOT A PRIVATE FOUNDATION. INCOME, WHICH IS NOT RELATED TO EXEMPT PURPOSES, LESS APPLICABLE DEDUCTIONS, IS SUBJECT TO FEDERAL AND STATE CORPORATE INCOME TAXES. NDI HAD NO NET UNRELATED BUSINESS INCOME FOR THE YEARS ENDED SEPTEMBER 30, 2021 AND 2020. MANAGEMENT EVALUATED NDI'S TAX POSITIONS AND CONCLUDED THAT NDI HAD TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT TO THE FINANCIAL STATEMENTS TO COMPLY WITH U.S. GAAP. WITH FEW EXCEPTIONS, NDI IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS BY THE U.S. FEDERAL, STATE OR LOCAL TAX AUTHORITIES FOR YEARS BEFORE 2018.
SCHEDULE D, PART XI, LINE 2D:	FUNDRAISING EVENT EXPENSES \$67,664
SCHEDULE D, PART XII, LINE 2D:	FUNDRAISING EVENT EXPENSES \$67,664

## **Additional Data**

[Return to Form](#)

**Software ID:**  
**Software Version:**

2020

Open to Public Inspection

# Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

## SCHEDULE F (Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization  
National Democratic Institute for  
International Affairs

Employer identification number

52-1338892

### Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

- For grantmakers.** Does the organization maintain records to substantiate the amount of its grants or other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1) Central America and the Caribbean	3	39	Program Services	Democracy Support	3,114,549
(2) Central America and the Caribbean	0	0	Grantmaking		2,730,557
(3) East Asia and the Pacific	4	24	Program Services	Democracy Support	3,097,958
(4) East Asia and the Pacific	0	0	Grantmaking		3,641,866
(5) Europe (Including Iceland and Greenland)	14	116	Program Services	Democracy Support	7,533,697
(6) Europe (Including Iceland and Greenland)	0	0	Grantmaking		1,228,752
(7) Middle East and North Africa	9	192	Program Services	Democracy Support	12,146,658
(8) Middle East and North Africa	0	0	Grantmaking		2,366,295
(9) North America	1	11	Program Services	Democracy Support	290,519
(10) North America	0	0	Grantmaking		30,820
(11) Russia and the Newly Independent States	5	144	Program Services	Democracy Support	11,401,909
(12) Russia and the Newly Independent States	0	0	Grantmaking		5,116,363
(13) South America	2	16	Program Services	Democracy Support	5,389,225
(14) South America	0	0	Grantmaking		1,164,944
(15) South Asia	3	89	Program Services	Democracy Support	3,215,314
(16) South Asia	0	0	Grantmaking		859,162
(17) Sub-Saharan Africa	18	244	Program Services	Democracy Support	16,585,234
(18) Sub-Saharan Africa	0	0	Grantmaking		9,920,445
<b>3a</b> Sub-total . . . . .	59	875			79,913,822
<b>b</b> Total from continuation sheets to Part I . . . . .	0	0			9,920,445
<b>c Totals</b> (add lines 3a and 3b)	59	875			89,834,267

Schedule F (Form 990) 2020										Page 990	
Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any organization in the New, more than \$5,000, Part II										If additional space is needed, use duplicate copies of this page.	
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)		
Organization	IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (Book, FMV, appraisal, other)			
		Central America and the Caribbean	Effort to combat discrimination	169,123	wire		N/A	N/A			
		Central America and the Caribbean	Effort to combat discrimination	169,123	wire		N/A	N/A			
		Central America and the Caribbean	Promoting freedom of expression	8,682	wire		N/A	N/A			
		Central America and the Caribbean		9,068	wire		N/A	N/A			
		Central America and the Caribbean	Promoting rights for people with disabilities	82,766	wire		N/A	N/A			
		Central America and the Caribbean		9,738	wire		N/A	N/A			
		Central America and the Caribbean		30,158	wire		N/A	N/A			
		Central America and the Caribbean		9,027	wire		N/A	N/A			
		Central America and the Caribbean		264,331	wire		N/A	N/A			
		Central America and the Caribbean		90,688	wire		N/A	N/A			
		Central America and the Caribbean		184,758	wire		N/A	N/A			
		Central America and the Caribbean		65,322	wire		N/A	N/A			
		Central America and the Caribbean		979,280	wire		N/A	N/A			
		Central America and the Caribbean		164,149	wire		N/A	N/A			
		Central America and the Caribbean		90,222	wire		N/A	N/A			
		Central America and the Caribbean		60,749	wire		N/A	N/A			
		Central America and the Caribbean		18,673	wire		N/A	N/A			
		Central America and the Caribbean		14,966	wire		N/A	N/A			
		Central America and the Caribbean		12,230	wire		N/A	N/A			
		Central America and the Caribbean		20,321	wire		N/A	N/A			
		Central America and the Caribbean		20,460	wire		N/A	N/A			
		Central America and the Caribbean		7,340	wire		N/A	N/A			
		Central America and the Caribbean		33,356	wire		N/A	N/A			
		Central America and the Caribbean		36,670	wire		N/A	N/A			
		Central America and the Caribbean		45,270	wire		N/A	N/A			
		Central America and the Caribbean		7,750	wire		N/A	N/A			
		Central America and the Caribbean		14,988	wire		N/A	N/A			
		Central America and the Caribbean		9,128	wire		N/A	N/A			
		Central America and the Caribbean		12,263	wire		N/A	N/A			
		Central America and the Caribbean		13,184	wire		N/A	N/A			
		Central America and the Caribbean		14,187	wire		N/A	N/A			
		Central America and the Caribbean		8,160	wire		N/A	N/A			
		Central America and the Caribbean		10,230	wire		N/A	N/A			
		Central America and the Caribbean		9,004	wire		N/A	N/A			
		Central America and the Caribbean		8,400	wire		N/A	N/A			
		Central America and the Caribbean		9,883	wire		N/A	N/A			
		East Asia and the Pacific		247,443	wire		N/A	N/A			
		East Asia and the Pacific		28,260	wire		N/A	N/A			
		East Asia and the Pacific		10,066	wire		N/A	N/A			
		East Asia and the Pacific		48,253	wire		N/A	N/A			
		East Asia and the Pacific		44,998	wire		N/A	N/A			
		East Asia and the Pacific		227,983	wire		N/A	N/A			
		East Asia and the Pacific		367,013	wire		N/A	N/A			
		East Asia and the Pacific		505,700	wire		N/A	N/A			
		East Asia and the Pacific		100,586	wire		N/A	N/A			
		East Asia and the Pacific		123,633	wire		N/A	N/A			
		East Asia and the Pacific		24,073	wire		N/A	N/A			
		East Asia and the Pacific		31,395	wire		N/A	N/A			
		East Asia and the Pacific		38,268	wire		N/A	N/A			
		East Asia and the Pacific		39,879	wire		N/A	N/A			
		East Asia and the Pacific		37,335	wire		N/A	N/A			
		East Asia and the Pacific		32,230	wire		N/A	N/A			
		East Asia and the Pacific		6,173	wire		N/A	N/A			
		East Asia and the Pacific		13,894	wire		N/A	N/A			
		East Asia and the Pacific		47,688	wire		N/A	N/A			
		East Asia and the Pacific		37,712	wire		N/A	N/A			
		East Asia and the Pacific		25,000	wire		N/A	N/A			
		East Asia and the Pacific		25,000	wire		N/A	N/A			
		East Asia and the Pacific		25,000	wire		N/A	N/A			
		East Asia and the Pacific		34,400	wire		N/A	N/A			
		East Asia and the Pacific		12,292	wire		N/A	N/A			
		East Asia and the Pacific		38,926	wire		N/A	N/A			
		East Asia and the Pacific		43,613	wire		N/A	N/A			
		East Asia and the Pacific		85,586	wire		N/A	N/A			
		East Asia and the Pacific		31,331	wire		N/A	N/A			
		East Asia and the Pacific		44,623	wire		N/A	N/A			
		East Asia and the Pacific		18,860	wire		N/A	N/A			
		East Asia and the Pacific		13,000	wire		N/A	N/A			
		East Asia and the Pacific		14,555	wire		N/A	N/A			
		East Asia and the Pacific		12,329	wire		N/A	N/A			
		East Asia and the Pacific		9,300	wire		N/A	N/A			
		East Asia and the Pacific		18,211	wire		N/A	N/A			
		East Asia and the Pacific		14,230	wire		N/A	N/A			
		East Asia and the Pacific		28,317	wire		N/A	N/A			
		East Asia and the Pacific		8,023	wire		N/A	N/A			
		East Asia and the Pacific		23,501	wire		N/A	N/A			
		East Asia and the Pacific		20,043	wire		N/A	N/A			
		East Asia and the Pacific		9,384	wire		N/A	N/A			
		East Asia and the Pacific		13,788	wire		N/A	N/A			
		East Asia and the Pacific		21,115	wire		N/A	N/A			
		East Asia and the Pacific		28,210	wire		N/A	N/A			
		East Asia and the Pacific		38,613	wire		N/A	N/A			
		East Asia and the Pacific		26,973	wire		N/A	N/A			
		East Asia and the Pacific		11,725	wire		N/A	N/A			
		East Asia and the Pacific		278,309	wire		N/A	N/A			
		East Asia and the Pacific		17,140	wire		N/A	N/A			
		East Asia and the Pacific		166,194	wire		N/A	N/A			
		East Asia and the Pacific		226,871	wire		N/A	N/A			
		East Asia and the Pacific		118,307	wire		N/A	N/A			
		East Asia and the Pacific		68,124	wire		N/A	N/A			
		East Asia and the Pacific		14,943	wire		N/A	N/A			
		East Asia and the Pacific		6,468	wire		N/A	N/A			
		Europe (Including Iceland and Greenland)		15,023	wire		N/A	N/A			
		Europe (Including Iceland and Greenland)		13,338	wire		N/A	N/A			
		Europe (Including Iceland and Greenland)		12,117	wire		N/A	N/A			
		Europe (Including Iceland and Greenland)		12,988	wire		N/A	N/A			
		Europe (Including Iceland and Greenland)		12,240	wire		N/A	N/A			
		Europe (Including Iceland and Greenland)		15,100	wire		N/A	N/A			
		Europe (Including Iceland and Greenland)		19,870	wire		N/A	N/A			
		Europe (Including Iceland and Greenland)		21,247	wire		N/A	N/A			
		Europe (Including Iceland and Greenland)		34,332	wire		N/A	N/A			
		Europe (Including Iceland and Greenland)		13,900	wire		N/A	N/A			
		Europe (Including Iceland and Greenland)		42,100	wire		N/A	N/A			
		Europe (Including Iceland and Greenland)		14,400	wire		N/A	N/A			
		Europe (Including Iceland and Greenland)		37,073	wire		N/A	N/A			
		Europe (Including Iceland and Greenland)		9,905	wire		N/A	N/A			
		Europe (Including Iceland and Greenland)		63,681	wire		N/A	N/A			
		Europe (Including Iceland and Greenland)		113,317	wire		N/A	N/A			
		Europe (Including Iceland and Greenland)		21,099	wire		N/A	N/A			
		Europe (Including Iceland and Greenland)		18,371	wire		N/A	N/A			
		Europe (Including Iceland and Greenland)		31,523	wire		N/A	N/A			
		Europe (Including Iceland and Greenland)		36,720	wire		N/A	N/A			
		Europe (Including Iceland and Greenland)		15,001	wire		N/A	N/A			
		Europe (Including Iceland and Greenland)		376,105	wire		N/A	N/A			
		Europe (Including Iceland and Greenland)		84,000	wire		N/A	N/A			
		Europe (Including Iceland and Greenland)		45,333	wire		N/A	N/A			
		Europe (Including Iceland and Greenland)		16,113	wire		N/A	N/A			
		Europe (Including Iceland and Greenland)		10,530	wire		N/A	N/A			
		Europe (Including Iceland and Greenland)		10,874	wire		N/A	N/A			
		Europe (Including Iceland and Greenland)		11,083	wire		N/A	N/A			
		Europe (Including Iceland and Greenland)		12,265	wire		N/A	N/A			
		Europe (Including Iceland and Greenland)		5,923	wire		N/A	N/A			
		Europe (Including Iceland and Greenland)		6,087	wire		N/A	N/A			
		Europe (Including Iceland and Greenland)		9,760	wire		N/A	N/A			
		Europe (Including Iceland and Greenland)		19,335	wire		N/A	N/A			
		Europe (Including Iceland and Greenland)		14,629	wire		N/A	N/A			
		Europe (Including Iceland and Greenland)		9,647	wire		N/A	N/A			
		Europe (Including Iceland and Greenland)		10,233	wire		N/A	N/A			
		Europe (Including Iceland and Greenland)		7,330	wire		N/A	N/A			
		Europe (Including Iceland and Greenland)		8,280	wire		N/A	N/A			
		Middle East and North Africa		339,833	wire		N/A	N/A			
		Middle East and North Africa		7,248	wire		N/A	N/A			
		Middle East and North Africa		5,205	wire		N/A	N/A			
		Middle East and North Africa		16,081	wire		N/A	N/A			
		Middle East and North Africa		10,005	wire		N/A	N/A			
		Middle East and North Africa		7,834	wire		N/A	N/A			
		Middle East and North Africa		19,999	wire		N/A	N/A			
		Middle East and North Africa		72,488	wire		N/A	N/A			
		Middle East and North Africa		52,287	wire		N/A	N/A			
		Middle East and North Africa		10,215	wire		N/A	N/A			
		Middle East and North Africa		20,085	wire		N/A	N/A			
		Middle East and North Africa		7,783	wire		N/A	N/A			
		Middle East and North Africa		8,573	wire		N/A	N/A			
		Middle East and North Africa		8,029	wire		N/A	N/A			
		Middle East and North Africa		13,159	wire		N/A	N/A			
		Middle East and North Africa		15,600	wire		N/A	N/A			
		Middle East and North Africa		13,855	wire		N/A	N/A			
		Middle East and North Africa		10,553	wire		N/A	N/A			
		Middle East and North Africa		157,823	wire		N/A	N/A			
		Middle East and North Africa		105,715	wire		N/A	N/A			
		Middle East and North Africa		320,313	wire		N/A	N/A			
		Middle East and North Africa		397,076	wire		N/A	N/A			
		Middle East and North Africa		100,000	wire		N/A	N/A			
		Middle East and North Africa		24,746	wire		N/A	N/A			
		Middle East and North Africa		15,096	wire		N/A	N/A			
		Middle East and North Africa		20,458	wire		N/A	N/A			
		Middle East and North Africa		48,051	wire		N/A	N/A			
		Middle East and North Africa		10,440	wire		N/A	N/A			
		Middle East and North Africa		17,855	wire		N/A	N/A			
		Middle East and North Africa		19,883	wire		N/A	N/A			
		Middle East and North Africa		7,875	wire		N/A	N/A			
		Middle East and North Africa		8,238	wire		N/A	N/A			
		Middle East and North Africa		25,409	wire		N/A	N/A			
		Middle East and North Africa		8,659	wire		N/A	N/A			
		Middle East and North Africa		9,755	wire		N/A	N/A			
		Middle East and North Africa		6,833	wire		N/A	N/A			
		Middle East and North Africa		9,731	wire		N/A	N/A			
		Middle East and North Africa		9,780	wire		N/A	N/A			
		Middle East and North Africa		9,888	wire		N/A	N/A			
		Middle East and North Africa		8,905	wire		N/A	N/A			
		Middle East and North Africa		12,898	wire		N/A	N/A			
		Middle East and North Africa		10,088	wire		N/A	N/A			
		Middle East and North Africa		13,410	wire		N/A	N/A			
		Middle East and North Africa		13,134	wire		N/A	N/A			
		Middle East and North Africa		10,196	wire		N/A	N/A			
		Middle East and North Africa		5,355	wire		N/A	N/A			
		Middle East and North Africa		9,745	wire		N/A	N/A			
		North America		10,160	wire		N/A	N/A			
		North America</									

**Part III Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

<b>(a)</b> Type of grant or assistance	<b>(b)</b> Region	<b>(c)</b> Number of recipients	<b>(d)</b> Amount of cash grant	<b>(e)</b> Manner of cash disbursement	<b>(f)</b> Amount of noncash assistance	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

**Part IV Foreign Forms**

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* . . . . .  Yes  No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* . . . . .  Yes  No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)* . . . . .  Yes  No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* .  Yes  No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* . . . . .  Yes  No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990).* . . . . .  Yes  No

**Part V Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

ReturnReference	Explanation
GRANTS USE MONITORING:	ALL GRANTEES ARE REQUIRED TO SUBMIT PERIODIC NARRATIVE AND FINANCIAL REPORTS TO SUPPORT THE USE OF GRANT FUNDS. THE REPORTS ARE REVIEWED AND APPROVED BY PROFESSIONAL INDIVIDUALS IN OUR HEADQUARTERS. ADDITIONALLY, MOST OF THE GRANTEES ARE BASED IN COUNTRIES IN WHICH NDI HAS FIELD OFFICES, AND THE NDI EMPLOYEES WORKING FROM THOSE FIELD OFFICES ARE RESPONSIBLE FOR MONITORING THE ACTIVITIES OF THE GRANTEES.
FORM 5713:	THE ORGANIZATION HAS FILED FORM 5713 UNDER SEPARATE COVER TO THE IRS.

## Additional Data

**Software ID:**

**Software Version:**

**Supplemental Information Regarding  
Fundraising or Gaming Activities**

**2020**

**Open to Public  
Inspection**

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.  
▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

Name of the organization  
National Democratic Institute for  
International Affairs

**Employer identification number**  
52-1338892

**Part I Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17.  
Form 990-EZ filers are not required to complete this part.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a**  Mail solicitations
  - b**  Internet and email solicitations
  - c**  Phone solicitations
  - d**  In-person solicitations
  - e**  Solicitation of non-government grants
  - f**  Solicitation of government grants
  - g**  Special fundraising events
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No
- b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1 JMB Global Limited LLC	advisor		No			
2						
3						
4						
5						
6						
7						
8						
9						
10						
<b>Total</b>						

**3** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		Dinner (event type)	Luncheon (event type)	0 (total number)	(add col. (a) through col. (c))
Revenue	<b>1</b> Gross receipts . . . . .	257,963	256,913		514,876
	<b>2</b> Less: Contributions . . . . .	248,063	256,913		504,976
	<b>3</b> Gross income (line 1 minus line 2) . . . . .	9,900			9,900
Direct Expenses	<b>4</b> Cash prizes . . . . .				
	<b>5</b> Noncash prizes . . . . .	6,098			6,098
	<b>6</b> Rent/facility costs . . . . .				
	<b>7</b> Food and beverages . . . . .				
	<b>8</b> Entertainment . . . . .				
	<b>9</b> Other direct expenses . . . . .	44,293	17,273		61,566
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) . . . . . ▶				67,664
<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) . . . . . ▶				-57,764	

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col.(a) through col.(c))
		<b>1</b> Gross revenue . . . . .			
Direct Expenses	<b>2</b> Cash prizes . . . . .				
	<b>3</b> Noncash prizes . . . . .				
	<b>4</b> Rent/facility costs . . . . .				
	<b>5</b> Other direct expenses . . . . .				
	<b>6</b> Volunteer labor . . . . .	<input type="checkbox"/> Yes _____ % .. <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % .. <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % .. <input type="checkbox"/> No	
<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) . . . . . ▶					
<b>8</b> Net gaming income summary. Subtract line 7 from line 1, column (d) . . . . . ▶					

**9** Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

**a** Is the organization licensed to conduct gaming activities in each of these states? . . . . .  Yes  No

**b** If "No," explain: \_\_\_\_\_

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**10a** Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? . . . . .  Yes  No

**b** If "Yes," explain: \_\_\_\_\_

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- 11** Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13** Indicate the percentage of gaming activity conducted in:
- |                                      |            |   |
|--------------------------------------|------------|---|
| <b>a</b> The organization's facility | <b>13a</b> | % |
| <b>b</b> An outside facility         | <b>13b</b> | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ -----

Address ▶ 455 MASSACHUSETTS AVE NW WASHINGTON, DC 20001 -----

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No
- b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_.
- c** If "Yes," enter name and address of the third party:

Name ▶ -----

Address ▶ -----

**16** Gaming manager information:

Name ▶ -----

Gaming manager compensation ▶ \$ -----

Description of services provided  
▶ -----

- Director/officer       Employee       Independent contractor

**17** Mandatory distributions:

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No
- b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**Part IV Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See Instructions.

Return Reference

Explanation

**Schedule J**  
**(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

- ▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**
- ▶ **Attach to Form 990.**
- ▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

**2020**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
National Democratic Institute for  
International Affairs

**Employer identification number**

52-1338892

**Part I Questions Regarding Compensation**

- 1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.
- |   |  |
|---|--|
| <input type="checkbox"/> First-class or charter travel            | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions                    | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax idemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees   |
| <input type="checkbox"/> Discretionary spending account           | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

**b** If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?

**3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee              | <input checked="" type="checkbox"/> Written employment contract                     |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input checked="" type="checkbox"/> Form 990 of other organizations     | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
  - b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
  - c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization? If "Yes," on line 5a or 5b, describe in Part III.

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization? If "Yes," on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
<b>1a</b>		
<b>1b</b>		
<b>2</b>		
<b>3</b>		
<b>4a</b>		No
<b>4b</b>		No
<b>4c</b>		No
<b>5a</b>		No
<b>5b</b>		No
<b>6a</b>		No
<b>6b</b>		No
<b>7</b>		No
<b>8</b>		No
<b>9</b>		

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

**Note.** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
<b>1</b> Derek Mitchell President	(i)	306,556	0	1,806	30,918	6,040	345,320	0
	(ii)	0	0	0	0	0	0	0
<b>2</b> Shari Bryan Vice President	(i)	240,287	0	11,442	24,707	11,138	287,574	0
	(ii)	0	0	0	0	0	0	0
<b>3</b> Sander Schultz CFO	(i)	237,035	0	1,806	24,707	13,360	276,908	0
	(ii)	0	0	0	0	0	0	0
<b>4</b> James van der Kloek Director, Development	(i)	230,441	0	11,655	23,859	9,158	275,113	0
	(ii)	0	0	0	0	0	0	0
<b>5</b> Patrick Merloe Sr Assoc & Dir Prog on Elec	(i)	213,823	0	8,652	21,645	6,040	250,160	0
	(ii)	0	0	0	0	0	0	0
<b>6</b> Robert Benjamin Sr Assoc & Regional Director	(i)	214,866	0	1,806	21,645	6,518	244,835	0
	(ii)	0	0	0	0	0	0	0
<b>7</b> Christopher Fomunyoh Sr Assoc & Regional Director	(i)	206,418	0	2,772	21,645	13,360	244,195	0
	(ii)	0	0	0	0	0	0	0
<b>8</b> Leslie Campbell Sr Assoc & Regional Director	(i)	217,381	0	2,772	21,645	1,980	243,778	0
	(ii)	0	0	0	0	0	0	0
<b>9</b> Laura Jewett Sr Assoc & Regional Director	(i)	205,418	0	1,806	21,645	13,360	242,229	0
	(ii)	0	0	0	0	0	0	0
<b>10</b> Jerry Hartz Dir of Govt Relations & Comm	(i)	208,378	0	2,772	20,908	1,980	234,038	0
	(ii)	0	0	0	0	0	0	0
<b>11</b> Arianit Shehu Sr Country Director	(i)	201,997	0	0	14,613	5,880	222,490	0
	(ii)	0	0	0	0	0	0	0
<b>12</b> Manpreet Anand Sr Assoc & Regional Director	(i)	187,319	0	0	7,742	1,980	197,041	0
	(ii)	0	0	0	0	0	0	0
<b>13</b> Dickson Omondi Resident Regional Director	(i)	188,131	0	0	18,318	5,880	212,329	0
	(ii)	0	0	0	0	0	0	0

**Part III Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
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## **Additional Data**

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# Noncash Contributions

## 2020

**Open to Public Inspection**

- ▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
- ▶ **Attach to Form 990.**
- ▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
National Democratic Institute for  
International Affairs

**Employer identification number**

52-1338892

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art . . . . .				
2 Art—Historical treasures . . . . .				
3 Art—Fractional interests . . . . .				
4 Books and publications . . . . .				
5 Clothing and household goods . . . . .				
6 Cars and other vehicles . . . . .				
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities—Publicly traded . . . . .	X	6	191,437	FMV
10 Securities—Closely held stock . . . . .				
11 Securities—Partnership, LLC, or trust interests . . . . .				
12 Securities—Miscellaneous . . . . .				
13 Qualified conservation contribution—Historic structures . . . . .				
14 Qualified conservation contribution—Other . . . . .				
15 Real estate—Residential . . . . .				
16 Real estate—Commercial . . . . .				
17 Real estate—Other . . . . .				
18 Collectibles . . . . .				
19 Food inventory . . . . .				
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ▶ ( _____ )				
26 Other ▶ ( _____ )				
27 Other ▶ ( _____ )				
28 Other ▶ ( _____ )				

**29** Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29**

		Yes	No
<b>30a</b> During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?	30a		No
<b>b</b> If "Yes," describe the arrangement in Part II.			
<b>31</b> Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	31	Yes	
<b>32a</b> Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a		No
<b>b</b> If "Yes," describe in Part II.			
<b>33</b> If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.			

**Part II** **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference	Explanation
PART I, COLUMN B	THE ORGANIZATION REPORTS THE NUMBER OF CONTRIBUTIONS IN PART I, COLUMN B.

# Additional Data

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**SCHEDULE O**  
**(Form 990 or 990-EZ)****Supplemental Information to Form 990 or 990-EZ**

OMB No. 1545-0047

**2020****Open to Public  
Inspection**Department of the Treasury  
Internal Revenue Service**Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.**▶ **Attach to Form 990 or 990-EZ.**▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**Name of the organization  
National Democratic Institute for  
International Affairs**Employer identification number**

52-1338892

<b>Return Reference</b>	<b>Explanation</b>
LIST OF FOREIGN COUNTRIES	FORM 990, PART V, LINE 4B ADDITIONAL FINANCIAL ACCOUNTS ARE HELD IN THE FOLLOWING COUNTRIES: AFGHANISTAN, ALBANIA, ALGERIA, ARMENIA, BELGIUM, BOSNIA, BURKINA FASO, COLOMBIA, COTE D'IVOIRE, DEMOCRATIC REPUBLIC OF THE CONGO, ECUADOR, ESTONIA, ETHIOPIA, GAMBIA, GEORGIA, GUATEMALA, GUINEA, HAITI, HONDURAS, HUNGARY, IRAQ, JORDAN, KENYA, KOSOVO, KYRGYZSTAN, LEBANON, LIBERIA, LIBYA, LITHUANIA, MALAWI, MALI, MEXICO, MOLDOVA, MONTENEGRO, MOROCCO, MYANMAR, NEPAL, NIGER, NIGERIA, NORTH MACEDONIA, POLAND, ROMANIA, SERBIA, SLOVAKIA, SOUTH KOREA, SRI LANKA, SUDAN, TAIWAN, TANZANIA, THAILAND, TUNISIA, TURKEY, UGANDA, UKRAINE, YEMEN, ZAMBIA, ZIMBABWE.
MINUTES OF EXECUTIVE COMMITTEE	FORM 990, PART VI, SECTION A, LINE 8B THE EXECUTIVE COMMITTEE DOES NOT KEEP FORMAL MINUTES OF THEIR MEETINGS. THEIR FINAL DECISIONS ARE PRESENTED IN THE BOARD MEETINGS WHICH ARE THEN DOCUMENTED IN BOARD MEETING MINUTES.
FORM 990 REVIEW	FORM 990, PART VI, SECTION B, LINE 11 THE ORGANIZATION'S 990 IS PROVIDED TO THE AUDIT COMMITTEE FOR REVIEW. UPON COMPLETION OF THE AUDIT COMMITTEE'S REVIEW, A COPY OF THE 990 IS PROVIDED TO EACH MEMBER OF THE BOARD OF DIRECTORS BY E-MAIL.
CONFLICTS OF INTEREST POLICY	FORM 990, PART VI, SECTION B, LINE 12C DIRECTORS AND OFFICERS ARE REQUIRED TO DISCLOSE ANNUALLY ANY PERSONAL OR BUSINESS INTERESTS THAT MAY GIVE RISE TO CONFLICTS. AT THE START OF EACH FISCAL YEAR, BOARD MEMBERS AND OFFICERS ARE PROVIDED WITH THE ORGANIZATION'S CONFLICT OF INTEREST POLICY AND DISCLOSURE FORM AND ARE ASKED TO COMPLETE THE DOCUMENT. EACH BOARD MEMBER MUST ACKNOWLEDGE IN WRITING THAT HE OR SHE HAS RECEIVED THE CONFLICT OF INTEREST POLICY AND THAT HE OR SHE DOES NOT HAVE ANY EXISTING ACTUAL OR POTENTIAL CONFLICTS. EACH BOARD MEMBER ALSO AGREES THAT HE OR SHE WILL NOTIFY THE ORGANIZATION'S EXECUTIVE COMMITTEE IN WRITING IF ANY ACTUAL OR POTENTIAL CONFLICTS OF INTEREST ARISE SUBSEQUENT TO THE SIGNING AND SUBMITTING OF THE DOCUMENT. COPIES OF THE CONFLICT OF INTEREST POLICY AND ANNUAL DISCLOSURE FORMS ARE KEPT ON FILE.
COMPENSATION REVIEW PROCEDURE	FORM 990, PART VI, SECTION B, LINE 15 EACH YEAR AS PART OF THE GENERAL COMPENSATION REVIEW FOR ALL STAFF, THE POSITIONS OF PRESIDENT, VICE PRESIDENT, AND CHIEF FINANCIAL OFFICER ARE COMPARED VIA JOB DESCRIPTIONS TO MARKET DATA AS REPORTED IN SALARY SURVEYS. DATA ON EACH OF THESE POSITIONS IS COMPARED TO THREE SURVEYS AND TO SPECIFIC DATA ASSOCIATED WITH TAX-EXEMPT ORGANIZATIONS OF SIMILAR SIZE AND SCOPE. WHILE MEAN AND MEDIAN DATA IS AVAILABLE, GENERALLY THE MEDIAN DATA IS USED AS IT IS CONSIDERED THE MOST RELIABLE FOR COMPARATIVE PURPOSES. ALSO, A COMPENSATION CONSULTANT WAS ENGAGED TO DETERMINE THE MARKET VALUE FOR THESE THREE POSITIONS AND DOCUMENT THE FINDINGS IN A WRITTEN REPORT. THE INDEPENDENT CONSULTANT'S REPORT AND THE SALARY SURVEY DATA WAS PRESENTED TO THE EXECUTIVE COMMITTEE FOR THEIR REVIEW. THE EXECUTIVE COMMITTEE PROPOSES A SUGGESTED SALARY FOR THESE POSITIONS TO THE BOARD OF DIRECTORS FOR APPROVAL.
FORM 990 AVAILABILITY	FORM 990, PART VI, SECTION C, LINE 19 THE ORGANIZATION'S 990 IS PROVIDED UPON REQUEST. CONSIDERATION IS GIVEN TO REQUESTS FOR OTHER ORGANIZATIONAL DOCUMENTS.
FORM 990 PART IX LINE 11G	DESCRIPTION:CONTRACTUAL SERVICES TOTAL FEES:12567780
FORM 990 PART IX LINE 11G	DESCRIPTION:CONSULTANT SERVICES TOTAL FEES:4845098
FORM 990 PART IX LINE 11G	DESCRIPTION:SECURITY SERVICES TOTAL FEES:491142
FORM 990 PART IX LINE 11G	DESCRIPTION:OTHER TOTAL FEES:1427128

## **Additional Data**

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